

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000016366

1. Entity Name
DISCOUNT DEBT SOLUTIONS, INC.



Principal Place of Business

**1645 PALM BEACH LAKES BLVD
STE 490
WEST PALM BEACH, FL 33401**

Mailing Address

**1645 PALM BEACH LAKES BLVD
STE 490
WEST PALM BEACH, FL 33401**



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number

25-1902474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMONS, JASON V PRESIDE
1645 PALM BEACH LAKES
STE 490
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000895035
04/24/08-20052-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	OLDE, RICHARD
STREET ADDRESS	212 SPYGLASS LANE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	MYERS, ANDREW
STREET ADDRESS	7605 WOODSMUIR DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	V
NAME	BLOTNICK, WILLIAM
STREET ADDRESS	210 SPYGLASS LANE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	PD
NAME	SIMONS, JASON
STREET ADDRESS	2073 DISCOVERY CIR E
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #